

AMENDMENT TRANSMITTAL LETTER

Docket No.
247168-00297USPT

Application No.
10/713,328

Filing Date
November 13, 2003

Examiner
John J. Wilson

Art Unit
3732

Applicant(s): Stephan S. Porter *et al.*

Invention: DENTAL IMPLANT SYSTEM

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	32	- 40 =	0	x 50.00	0.00
Independent Claims	6	- 9 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.


☒ A check in the amount of \$ **810.00** to cover the Request for Continued Examination fee.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-4181
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.



Dated: September 3, 2008

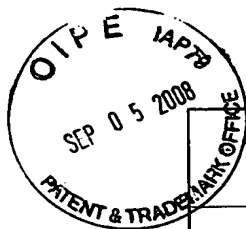
David C. McKone
Attorney/Agent Reg. No.: 52,014

NIXON PEABODY, LLP.
161 North Clark Street., 48th Floor
Chicago, Illinois 60601-3213
(312) 425-3900

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 3, 2008

Signature:  (Mary Brady)



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Certificate of Mailing Under 37 CFR 1.8

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Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria, VA 22313-1450

on September 3, 2008
Date


Signature

Mary Brady

Typed or printed name of person signing Certificate

N/A
Registration Number, if applicable

(312) 425-3900
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Amendment and Response to Office Action Dated June 4, 2008 Accompanying Request for Continued Examination (10 pgs);
2. Request for Continued Examination (RCE) Transmittal (2 pgs);
3. Amendment Transmittal Letter (1 pg);
4. Petition Fee \$810.00 (Check No. 116002204); and
5. Acknowledgement Postcard